

Dry Cleaner Environmental Response Program Potential Claim Notification

Form 4400-210 (R 9/03)

Page 1 of 2

Notice: Use this form to notify the Department of Natural Resources of the potential to submit a reimbursement application to the Dry Cleaner Environmental Response Program (DERP). This form is authorized under s. 292.65, Wis. Stats. and ch. NR 169, Wis. Adm. Code. Completion of this form is mandatory for any person applying for reimbursement from the DERP. Persons who do not submit a completed form will not be eligible for reimbursement under DERP. Personal information will be shared with the Wisconsin Department of Revenue to determine eligibility for DERP claims and for DERP program administration. Information will also be made available to requesters under Wisconsin's Open Records laws (ss. 19.32-19.39, Wis. Stats.) and requirements.

Notification of a potential claim is required prior to conducting a site investigation or any remedial action activity under s. 292.65(4), Wis. Stats. For facilities in operation after October 14, 1997, include the Wisconsin Department of Revenue Dry Cleaning License Number issued under s. 77.996, Wis. Stats. "Dry cleaning facility" means a facility for dry cleaning apparel or household fabrics for the general public. See s. 292.65(1)(d), Wis. Stats., for legal definition.

Complete the following information and **submit it to your DNR regional project manager**. *Copy this form as necessary.*

Eligibility Information

Was there a release of dry cleaning product from a dry cleaning facility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Department Notified of Release	Notification Method:	Affected Media (select all that apply):	
	<input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> Written	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water	
Applicant: <input type="checkbox"/> owns <input type="checkbox"/> operates <input type="checkbox"/> operated <input type="checkbox"/> subsidiary/parent corporation <input type="checkbox"/> property owner of licensed facility			
Does your proposed cleanup site have an operating dry cleaning machine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Your Ownership/Operation Started		For Closed Facilities, Date Last Load Processed	
If Operated After 10/14/97, Wisconsin Department of Revenue Dry Cleaning Facility License No.		If Dry Store, Date Equipment Removed From Site	

Applicant Information

Owner/Operator Name			Company Name		
Mailing Street Address and PO Box			E-Mail Address		Federal Employer ID Number (FEIN)
City	State	ZIP Code	Telephone Number		Fax Number
Are there any other responsible persons associated with the cleanup of this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check association for each:					
<input type="checkbox"/> Other Owner <input type="checkbox"/> Property Owner of a Licensed Facility <input type="checkbox"/> Operator			<input type="checkbox"/> Other Owner <input type="checkbox"/> Property Owner of a Licensed Facility <input type="checkbox"/> Operator		
Other Responsible Party			Other Responsible Party		
Company Name			Company Name		
Mailing Street Address and PO Box			Mailing Street Address and PO Box		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number			Telephone Number		

Agent Information

If an agent will be conducting actions per s. 292.65(4)(k), Wis. Stats., complete the following.

Agent Name			Company Name		
Mailing Street Address and PO Box			Telephone Number		Fax Number
City	State	ZIP Code	Date Agent Agreement Signed		

Dry Cleaner Environmental Response Program Potential Claim Notification

Form 4400-210 (R 9/03)

Page 2 of 2

Facility Information

Facility Name			Company Name		
Facility Location: Street Address			Department of Revenue Dry Cleaner License No.		
City	State	ZIP Code	License Holder and Company Name		
Date Dry Cleaning Facility Constructed			License Holder Federal Employee ID# (FEIN)		

Dry cleaning license and solvent fees have been paid on this facility for the following years (select one):

- ☐ October 14, 1997 to Present ☐ Fees are delinquent on this facility
- ☐ From _____ To _____ ☐ Facility operation ceased before October 14, 1997 (no fees apply)

1. Has a previous ch. NR 700 cleanup been conducted at this site? ☐ Yes ☐ No
If so, date of closure letter: _____
2. Is there diking around the machine? ☐ Yes ☐ No
3. Is the floor sealed? ☐ Yes ☐ No
4. At this site, do you anticipate finding contaminants not associated with this dry cleaning facility? ☐ Yes ☐ No
5. Are all wastes that are generated at the dry cleaning facility and that contain dry cleaning solvent managed as hazardous wastes in compliance with ch. 291, Wis. Stats., and 42 USC 6901 to 6991i? ☐ Yes ☐ No
6. Is dry cleaning solvent or wastewater from your dry cleaning machines being discharged into any sanitary sewer or septic tank or into the waters of this state? ☐ Yes ☐ No
7. Is all perchlorethylene delivered to the dry cleaning facility by means of a closed, direct-coupled delivery system? ☐ Yes ☐ No
8. Was the facility constructed after October 14, 1997? ☐ Yes ☐ No
9. Has the applicant ever been referred to the Wisconsin Department of Justice for any violations of Wisconsin laws or rules concerning the use or disposal of dry cleaning solvents? ☐ Yes ☐ No

Comments: (Provide clarification if necessary)

Certification

I certify that the information above is true and correct to the best of my knowledge.

Applicant Title and Signature	Date Signed
Agent Title and Signature	Date Signed

Department Use Only

Complete, sign and FAX to DERP Grant Manager, CF/8, (608) 267-0496.

Date Received	Project Manager Signature	BRRTS Number	Telephone Number
---------------	---------------------------	--------------	------------------